. : •	PATENT A	RE	and Aus 92001c22/US					100	7/8	481	13					
5-	19.04	CLAIMS AS	FILED - (Column	PART		nn 2)		SMALL EN	vmTY	OR	OTHER SMALL	THAN	•••			
TOTAL CLAIMS			36					RATE	FEE	1	RATE	FEE				
FOR			NUMBER FILED		NUMBER EXTRA		1	BASIC FEE	355.00	OR	BASIC FEE	·710.00				
TOTAL CHARGEABLE CLAIMS			36 minus 20=		. ,	16	1	X\$ 9=		OR	X\$18=	288				
INDEPENDENT CLAIMS			3 minus 3 =			φ	İ	X40=		OR	X80=	_				
MULTIPLE DEPENDENT CLAIM PRESENT							1	405	<u> </u>	1 1	+270=					
* If the difference in column 1 is less than zero, enter "0" in column 2								+135=		OR	TOTAL	0198				
"	•							TOTAL	L	OR	OTHER	-//	-		,	
CLAIMS AS AMENDED - PART II 5-19-09 (Column 1) (Column 2) (Column 3)									ENTITY	OR	SMALL					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
	Total	.36	Minus	. 3	16	= Q =	1	X\$ 9=		OR	X\$18≃					
MEN	Independent	. 3	Minus		3	= X]	X40=		OR	X80=					
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+135=		OR	+270=					
	•							TOTAL		1 .	YOTAL					
10	-11-24	11	ADDIT. FEE	L	Jon	ADDIT. FEE										
8		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colui HIGH NUM PREVIO	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
DME	Total	.32	Minus	3	6	- Ø	1	X\$ 9=		OR	X\$18=			,		
AMENDMENT	Independent	.19	Minus	5		= 15		X40=		OR	3500	1.390	S			
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT	CLAIM		L	.125-			+270=	1.27.5				
								+135=	ļ	OR	TOTAL					
Ì								ADDIT. FEE		JOR	ADDIT. FEE					
⊩		(Column 1) CLAIMS	T		EST	(Column 3	7		ADDI-	1		ADDI-				
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	SER OUSLY FOR	PRESENT		RATE	TIONAL FEE		RATE	TIONAL FEE				
	Total	•	Minus	<u> </u>		=	4	X\$ 9=		OR	X\$18=					
A BE	Independent	<u> -</u>	Minus	***	T 61 411	-	4	X40=		OR	X80=					
117	FIRST PRESI	ENTATION OF M	IULTIPLE DE	PENDEN	CLAIM			 		1	-				,	

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OR ADDIT. FEE

"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 8/00)

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OR

+135=

*U.S. GPO: 2000-460-706/30103

+270=